

Stepping into Retirement

Instructions for the PERF RMD Retirement Application

These instructions will help you understand the vital decisions you will have to make to apply for retirement benefits. All necessary applications and forms are included in your retirement application packet.

To complete the process of retiring from your job, you must make pension choices that will affect your monthly income, and possibly someone else's. We have tried to make this process as simple as possible.

You may wish to obtain an official estimate of your benefits. As you fill out the application, use the Retirement Application Checklist to make sure that every step is finalized. All requested documents must be

included in order to begin processing your retirement. Be sure to submit your application no later than 90 days before your retirement date to avoid an interruption in pay.

Upon receipt of your Retirement Application, PERF will place your Annuity Savings Account (ASA) balance in a fixed value account set at the same rate as the Guaranteed Fund in order to process your application.

If you have any questions or concerns, call the PERF Call Center at (888) 526-1687 (Toll-free), or e-mail us at questions@perf.in.gov.

To insure a prompt benefit payment, be sure to submit your application no later than 90 days before your retirement date.

Accessing PERF Online

As a retiree, you can log in to PERF Online to view and print IRS 1099-R forms, review direct deposit, view your benefit payments, change your address, and change your beneficiary's address. Visit <http://www.perf.in.gov> to sign up. If your address is not current with PERF, contact the PERF Call Center at (888) 526-1687 and update this information before you sign up to use these services. Call Center hours of operation are 8 a.m. to 8 p.m., Monday through Friday. The agency is closed on weekends and holidays, including all State-designated holidays.

Making Retirement Decisions

Explanations and examples to help you complete PERF's RMD Retirement Application

Please read the application itself carefully and use the Retirement Application Checklist to be certain your form is accurate and complete.

STEP 1: Member Information

PERF cannot process your application without all the information requested in this section. PERF needs your Social Security number to process retirement benefits. It is not used for any other reason.

You must submit a photocopy of your birth certificate(s) or other eligible proof of age for yourself.

"Retirement Date" does not necessarily mean your last day of work or the day you mail your application. Instead, it is the official date from which PERF calculates your benefits. Prior to retirement, confirm with your employer and PERF that you have earned the creditable service required to receive the benefit you desire. Your employer is most familiar with your employment history, so we strongly encourage you to confirm your employment and service history with your employer prior to choosing a retirement effective date.

The retirement date you choose must fall no earlier than the first day of the month after you become eligible to retire. PERF will pay no more than six months in retroactive benefits. See the example box on page three for illustrations of appropriate retirement dates.

NOTE: Your retirement application is void if you have a formal or informal agreement, prior to retirement, with a covered employer to become re-employed in a covered position.

STEP 2: Select Your Pension Option

The pension options set by state law are explained on the retirement application itself. The fictitious example on page four will help you understand what may be available for a beneficiary upon your death and how that can affect your monthly benefit check. Notice that Option 10, 61, or 71 only offer survivor (beneficiary) benefits within the first five years of retirement.

Option 71: You may only choose this option if you choose "Combine ASA with Lifetime Pension Benefit" or "Withdraw 1986 Tax Basis Portion of ASA and Combine Taxable Portion with Lifetime Pension Benefit" for your Annuity Savings Account. Like Option 10, if you die before receiving benefits for five years, your beneficiary will receive either a monthly benefit for the remainder of those five years, or the present value of those remaining payments in a lump sum. Also, upon your death (whether you die before or after receiving five years of benefits), your beneficiary may receive a single payment of the amount left in your Annuity Savings Account. Note that your ASA balance is reduced with each monthly benefit paid. Members will receive benefits for life, but if you die after you have recovered the full amount of your ASA, there will be no additional distribution to your beneficiary.

Using Direct Deposit Simple and Convenient

PERF uses direct deposit to distribute benefit payments. A copy of the form is included in this packet for your convenience. If you have questions, contact the PERF Call Center at (888) 526-1687. Hours of operation are 8 a.m. to 8 p.m., Monday through Friday. The agency is closed on weekends and holidays, including all State-designated holidays.

Examples to Help You Pick an Appropriate Retirement Date

1. Retirement date in the past: John has 10 years of service. He turns 65 on April 12, which makes him eligible for a normal retirement by age and service, and stops working for his PERF-covered employer the next day ("separates from service"). However, he waits until January 1 to mail PERF his retirement application. He must choose August 1 or later as his retirement date because PERF cannot pay benefits for more than six months into the past.* Therefore, John cannot receive a benefit for May, June or July.

2. Retirement date in the future: Sarah has 10 years of service. She turns 65 on April 12, which makes her eligible for a normal retirement by age and service. She does not wish to be without income once she stops working, so she mails her application in March, chooses October 1 as her retirement date and stops working for her PERF-covered employer on September 30 ("separates from service").

**Six months of retroactive benefits do not apply if you are an elected official OR if you are at least 70 years old with 20 years of service and plan to continue working in your current position.*

NOTE: Your retirement application is void if you have a formal or informal agreement, prior to retirement, with a covered employer to become re-employed in a covered position.

STEP 3: Name Your Joint Survivor Pension Beneficiary (for Option 30, 40, 50)

STEP 3 only applies to applicants who choose pension Option 30, 40 or 50. If you choose any other option, then skip to STEP 4.

A "beneficiary" is the person you name to receive benefits from PERF after you die. For pension benefit Option 30, 40, or 50, you may choose only one beneficiary. Also, you must include a birth certificate or other eligible document because your beneficiary's age is used in calculating the benefit amounts. If you cannot include a birth certificate, other eligible documents include a baptismal certificate, confirmation certificate or court decree (see *IAC 1.2-5-17* for a complete list). Attach an English translation to any foreign language document. If you do not have any eligible document, call us at (888) 526-1687.

NOTE: If your beneficiary is not your spouse, is more than 10 years younger than you and you are considering Option 30 or 40, contact PERF to verify that your adjusted age difference allows for one of these options.

STEP 4: Name Your Pension Beneficiary (for Option 10, 20, 71)

A "beneficiary" is the person you name to receive payments, or benefits, from PERF after you die. Often, this person is a spouse, but you may name any person, an estate, an organization or you may choose not to name a beneficiary. If you do not name a beneficiary, any benefits owed after your death will be paid as prescribed by the plan.

Members who select pension Option 10, 20, or 71 can name as many beneficiaries as they wish. You must specify if each one is a primary or contingent beneficiary. You will need to designate a percentage amount for each beneficiary with a total for all beneficiaries to equal 100 percent.

STEP 5: Select Your Annuity Savings Account Payment Method

The Annuity Savings Account, commonly called the ASA, is the second part of your PERF retirement benefits. It is an individual account in your name. There are several ways you may receive payment of these funds.

The ASA is like a defined contribution plan, which means that there can be significant tax consequences attached to how you receive these funds once you retire. PERF is specifically prohibited from offering individual financial advice, including tax advice. Therefore, while we can explain the regulations that apply to each choice you must make, we cannot comment on how your individual situation might be affected. We encourage our members to seek professional, objective tax advice.

Combine ASA with Lifetime Pension Benefit: Do you want to have a larger monthly check for the rest of your life, with any survivors to be paid according to the choices you make for your pension in STEP 2? This ASA option will provide you with a lifetime payment.

Withdraw Entire ASA/Paid directly to me: Do you want all or part of your ASA paid directly to you? If so, check *Paid directly to me* under numbers 1 and/or 2 of this section. If you choose *Paid directly to me*, PERF must withhold a portion of these funds for income taxes. You may or may not receive the withheld amount when you file your next income tax return. The entire amount will count as income for the year in which it is paid.

Withdraw Entire ASA/Rollovers: Do you want to roll some or all of your ASA money into a non-PERF tax-deferred account? If so, check either *Direct Rollover* or *Partial Rollover* under numbers 1 and/or 2 of this section. If you choose a rollover, you will continue to “defer”, that is you will not owe, income taxes on these funds until some later date. However, if you do not complete the rollover process by the 60th day following the day on which you receive the distribution, your distribution may be subject to taxes and/or penalties unless you qualify for a waiver. Consult your tax advisor for waiver qualifications.

Withdraw 1986 Tax Basis (Non-taxable) Portion of ASA and Combine Taxable Portion with Lifetime Pension Benefit: Do you want to *Withdraw the 1986 Tax Basis and Combine the Taxable Portion with Your Lifetime Monthly Pension Benefit*? If you make this payment choice, you and your beneficiary (if applicable) will receive a lifetime monthly payment even if you outlive the amount in your Annuity Savings Account.

This chart represents a sample benefit for a member whose final average salary was \$22,507 and who had 31.667 years of creditable service.

	<i>Member's Monthly Pension</i>	<i>Beneficiary's Benefit if the Member Dies within 5 Years</i>	<i>Beneficiary's Benefit if the Member Dies after 5 Years</i>
<i>Five Year Guaranteed Benefit (Option 10)</i>	\$653/month	\$653/month until five years after retirement date	0
<i>No Guarantee (Option 20)</i>	\$673/month	0	0
<i>Joint with Full Survivor (Option 30)</i>	\$457/month	\$457/month	\$457/month
<i>Joint with 2/3 Survivor (Option 40)</i>	\$512/month	\$343/month	\$343/month
<i>Joint with 1/2 Survivor (Option 50)</i>	\$545/month	\$272/month	\$272/month
<i>Option 71*</i>	\$653/month	\$653/month until five years after retirement date	0

*This option requires that you annuitize your ASA.

STEP 6: Additional Annuity Savings Account (ASA) Contributions

In some cases, PERF receives additional contributions after your application has been processed. You may elect to have those contributions paid to you in a lump sum or rolled over into a financial institution.

STEP 7: Election for ASA Tax Withholding

For all payments, 20 percent will be withheld from the taxable portion of your distribution for federal income tax. You can elect a flat, whole dollar amount to be withheld in addition to the standard percentage of federal income tax. You must decide if you'd like PERF to withhold the standard percentage of state and county taxes from your Annuity Savings Account payment(s). You will need to provide a flat, whole dollar amount to be withheld. You may choose to receive all of your money without any state taxes withheld, but you are still subject to pay those taxes at the end of the year. PERF only withholds state taxes for Indiana.

Beneficiaries Matter

Once you retire, the beneficiaries you have listed with PERF can only be changed in limited circumstances, depending on the option you choose. Even if your Last Will and Testament designates a different person, PERF must distribute survivor benefits to the person we have on file. Please make this retirement decision carefully. Here are the circumstances in which you are eligible to change your beneficiary after you retire:

For Option 10 or 71: You may change your beneficiary up to five years from the effective date of your retirement.

Legal Notice

The Indiana Public Employees' Retirement Fund is governed by laws and regulations found in Title 5-10.2 and 5-10.3 of Indiana Code. While every attempt has been made to verify that all the information in this publication is correct and up-to-date, PERF does not make any representation or warranty as to the completeness or accuracy of any information provided. Published content does not constitute legal advice, and nothing herein should be considered a legal opinion.

In the event of a discrepancy between information in this publication and the laws of the state of Indiana, the applicable state law shall apply. All information in this publication applies solely to the Public Employees' Retirement Fund and not the other retirement plans administered by PERF.

Rollover Savings Account Application

A *Rollover Savings Account Application* (State Form 51927) is included with this Retirement Application package. Complete this form only if you have rolled funds into PERF from another financial institution and maintain and rollover savings account (RSA) with PERF. If this does not apply to you, it is not necessary to complete the form.

For Option 30, 40, or 50:

You cannot make a change as long as your beneficiary is alive. If your beneficiary dies, you may name another person, or change to retirement Option 20.

If you are receiving benefits and then get married for the first time: You may change your beneficiary to name your spouse.

If you are receiving benefits and then become divorced: You may change your beneficiary.

STEP 8: Have Your Application Notarized

Take the form to a duly commissioned notary public. The notary public will ask you to swear or affirm to the truth of all of the information you supplied on the application form and sign it in his/her presence. The notary will then complete this page and affix his/her seal to it.

Use the Retirement Application Checklist to make sure you completely finish the application and include all necessary documents. **PERF will not begin processing your retirement until all required documents have been received.** Return the application and all attachments to PERF at:

**PERF
1 North Capitol Street, Suite 001
Indianapolis, IN 46204-2014**

STEP 10: Complete the Direct Deposit Form

Be sure to complete the *Direct Deposit of Recurring Payment* form. This convenient service automatically deposits your payment into your bank account no later than the 15th of every month. For your records, you will receive an annual statement showing all PERF direct deposits.

Retirement Application

All Social Security numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form cannot be processed without this information.

Instructions

Submit this application no later than 90 DAYS before you leave work to avoid a gap between your paycheck and your PERF benefit.

Federal law prohibits PERF from making distributions prior to "separation from employment." Uninterrupted service in any capacity or re-employment that is a continuation of employment will prevent PERF from making distributions to the employee from the fund. A PERF member's application for retirement benefits is **VOID** if the member has a formal or informal agreement, prior to retirement, with a covered employer to become re-employed in a covered position. Benefit payments are stopped and the member must repay the amount of benefit received.

- You must submit a photocopy of your birth certificate(s) or other eligible proof of age for yourself.**
- If you choose pension Option 30, 40, or 50 you must supply proof of age for your beneficiary. Other eligible documents include a baptismal certificate, church record, or certified immigration or naturalization record, or similar documents under 35 IAC 1.2-5-17. Attach an English translation to any foreign language document.
- Type or print using black ink.
- Print your name and Social Security number at the top of every page as indicated, except page 1.
- Before you sign the Retirement Application, review your choices carefully.
- Sign the application in STEP 8.
- Have your application notarized in STEP 8.
- Complete the Application for Direct Deposit of Recurring Payment (State Form 39175) and submit it with this Retirement Application.
- Mail this completed form and all required documents directly to PERF. Do **not** return the SPECIAL TAX NOTICE.

NOTE: This application **cannot be finalized unless** all required steps are completed and the application is returned to PERF at the address on this form.

STEP 1: Member Information – Required

Social Security number		Pension ID (PID) number		Date of birth (mm/dd/yyyy)	
First name		Middle initial	Last name		
Address		City	State	ZIP Code	
Daytime telephone number with area code		Evening telephone number with area code			
E-mail address		Most recent PERF employer			

Your retirement date must fall on the first day of a month after you stop working in a PERF-covered position or become age eligible for retirement. This date may not be more than six months before PERF receives your completed retirement application because state statute limits retroactive benefits except with respect to supplemental benefits paid in accordance with IC 5-10.2-4-10. (See instructions for examples.)

Retirement Date (mm/01/yyyy): _____ / 01 / _____
Month Day Year

Earliest Possible Retirement Date

- ☐ I choose as my retirement effective date the earliest possible date on which I qualified for retirement benefits. I understand that, pursuant to IC 5-10.2-4-1(d)(3), my retirement date may not be more than six months before this Retirement Application is received by PERF. By selecting this option, I further understand and agree that PERF shall determine, on my behalf, my earliest possible retirement date.

Last day worked, if known (mm/dd/yyyy): _____

Have you ever been a member of the Indiana State Teachers' Retirement Fund (TRF)? ☐ Yes ☐ No

As of July 1, 2008, a member with both PERF and TRF service must choose the fund from which to retire. Select the fund from which you want to receive a benefit. (Check one) ☐ PERF ☐ TRF

Have you ever received or are you currently receiving a monthly retirement benefit from PERF or TRF? ☐ Yes ☐ No

Have you applied for a Social Security Disability benefit? ☐ Yes ☐ No

Have you been awarded a Social Security Disability benefit? ☐ Yes ☐ No

Member's name	Social Security number	Pension ID (PID) number
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STEP 2: Select Your Pension Option – Required

Your pension is a monthly, lifetime benefit funded by your employer(s). The pension option you select determines the amount of your check, whether you have a beneficiary and, if so, how much that beneficiary will receive when you pass away. If your beneficiary is not your spouse, is more than 10 years younger than you and you are considering Option 30 or 40, contact PERF to verify that you are eligible for these options. Once you select a pension option, you cannot change it, except under certain circumstances (IC 5-10.2-4-7). If you have filed, or will file a Disability Retirement Application, you cannot select Integration with Social Security (Option 61) for your benefit selection.

You must select and mark ONLY ONE of the seven options listed below:

- ☐ **Five Year Guaranteed Benefit (Option 10):** You will receive a monthly benefit for the rest of your life. If you die before receiving benefit payments for five years, your beneficiary will receive that monthly benefit for the remainder of those five years or a lump sum distribution equal to the present value of those remaining payments. After five years, there are no payments available to the beneficiary. Members selecting this option **should** designate beneficiary selections in STEP 4.
- ☐ **Benefit with No Guarantee (Option 20):** You will receive a monthly benefit for life, but there are no monthly payments to anyone after your death. However, the balance of your Annuity Savings Account (ASA) will be distributed to your beneficiary or estate if it is larger than the payments previously made to you. Members who have selected this option and chosen Leave Your Annuity Savings Account Invested with PERF or Combine ASA with Lifetime Pension Benefit in STEP 5 **should** designate beneficiary selections in STEP 4.
- ☐ **Joint with Full Survivor Benefits (Option 30):** You will be paid a monthly benefit for life. After you die, the same monthly benefit will be paid to your beneficiary for his/her lifetime. If your beneficiary is **not** your spouse, contact PERF to make sure you are eligible to select this option. Members selecting this option **should** designate beneficiary selections in STEP 3.
- ☐ **Joint with Two-Thirds Survivor Benefits (Option 40):** You will be paid a monthly benefit for life. After you die, two-thirds of your benefit will be paid to your beneficiary for his/her lifetime. If your beneficiary is **not** your spouse, contact PERF to make sure you are eligible to select this option. Members selecting this option **should** designate beneficiary selections in STEP 3.
- ☐ **Joint with One-Half Survivor Benefits (Option 50):** You will be paid a monthly benefit for life. After you die, one-half of your benefit will be paid to your beneficiary for his/her lifetime. Members selecting this option **should** designate beneficiary selections in STEP 3.
- ☐ **Cash Refund Annuity (Option 71):** In order to select this option, you must choose to combine at least a portion of your ASA with your lifetime monthly pension benefit. If you select this option, you will receive a monthly benefit for the rest of your life. If you die before receiving payments for five years, your beneficiary will receive the pension portion of the monthly benefit in either monthly payments for the remainder of the five years or a one time payment of the current value. Any remaining annuity portion will be paid in a lump sum payment. Members selecting this option **should** designate beneficiary selections in STEP 4.

STEP 3: Option 30, 40, or 50 – Beneficiary

Complete only if you elected Option 30, 40, or 50

SKIP THIS STEP if you chose pension Option 10, 20, or 71; list your beneficiary information in STEP 4 only.

*If you chose Option 30, 40, or 50, provide a beneficiary below. You **must** submit a copy of a birth certificate or other eligible document that verifies your beneficiary's age. You can only designate one person.*

Beneficiary's name (Last, first, middle initial)		Social Security number	
Address	City	State	ZIP Code
Telephone number with area code	Date of birth (mm/dd/yyyy)	Relationship to member	

Member's name	Social Security number	Pension ID (PID) number
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STEP 4: Option 10, 20, or 71 – Primary Beneficiary

Complete only if you elected Option 10, 20, or 71

SKIP THIS STEP if you chose pension Option 30, 40, or 50; list your beneficiary information in STEP 3 only.

If you chose pension Option 10, 20, or 71, list your beneficiary information below. You must specify whether each one is a primary or contingent beneficiary. You may list as many or few beneficiaries as you want. Designate the percentage amount for each primary and/or contingent beneficiary. The amounts for each beneficiary must be made in whole percentages and the total must equal 100 percent. For more than five, duplicate this page or provide all requested information on a separate sheet of paper and include it when you submit this Retirement Application.

NOTE: If you choose Option 20 (Benefit with No Guarantee) and also select "Withdraw Entire ASA," you do not need to list any beneficiaries because there will be no survivor benefits after you die.

Primary Beneficiary 1 – Personal Information

Beneficiary's name (Last, first, middle initial)		Social Security number	
Address	City	State	ZIP Code
Telephone number with area code	Date of birth (mm/dd/yyyy)	Relationship to member	

Primary Beneficiary 2 – Personal Information

Beneficiary's name (Last, first, middle initial)		Social Security number	
Address	City	State	ZIP Code
Telephone number with area code	Date of birth (mm/dd/yyyy)	Relationship to member	

Primary Beneficiary 3 – Personal Information

Beneficiary's name (Last, first, middle initial)		Social Security number	
Address	City	State	ZIP Code
Telephone number with area code	Date of birth (mm/dd/yyyy)	Relationship to member	

Designate a percentage amount for each primary beneficiary:

Primary Beneficiary 1:	_____	_____ %
	Beneficiary's name	Percent
Primary Beneficiary 2:	_____	_____ %
	Beneficiary's name	Percent
Primary Beneficiary 3:	_____	_____ %
	Beneficiary's name	Percent
		= 100%

Member's name	Social Security number	Pension ID (PID) number
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STEP 4 (continued): Option 10, 20, or 71 – Contingent Beneficiary

Complete only if you elected Option 10, 20, or 71

SKIP THIS STEP if you chose pension Option 30, 40, or 50; list your beneficiary information in STEP 3 only.

If you chose pension Option 10, 20, or 71, list your beneficiary information below. You must specify whether each one is a primary or contingent beneficiary. You may list as many or few beneficiaries as you want. Designate the percentage amount for each primary and/or contingent beneficiary. The amounts for each beneficiary must be made in whole percentages and the total must equal 100 percent. For more than five, duplicate this page or provide all requested information on a separate sheet of paper and include it when you submit your Retirement Application.

NOTE: If you choose Option 20 (Benefit with No Guarantee) and also select "Withdraw Entire ASA," you do not need to list any beneficiaries because there will be no survivor benefits after you die.

Contingent Beneficiary 1 – Personal Information

Beneficiary's name (Last, first, middle initial)		Social Security number	
Address	City	State	ZIP Code
Telephone number with area code	Date of birth (mm/dd/yyyy)	Relationship to member	

Contingent Beneficiary 2 – Personal Information

Beneficiary's name (Last, first, middle initial)		Social Security number	
Address	City	State	ZIP Code
Telephone number with area code	Date of birth (mm/dd/yyyy)	Relationship to member	

Contingent Beneficiary 3 – Personal Information

Beneficiary's name (Last, first, middle initial)		Social Security number	
Address	City	State	ZIP Code
Telephone number with area code	Date of birth (mm/dd/yyyy)	Relationship to member	

Designate a percentage amount for each contingent beneficiary:

Contingent Beneficiary 1:	_____	_____ %
	Beneficiary's name	Percent
Contingent Beneficiary 2:	_____	_____ %
	Beneficiary's name	Percent
Contingent Beneficiary 3:	_____	_____ %
	Beneficiary's name	Percent
		= 100%

Member's name	Social Security number	Pension ID (PID) number
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STEP 5: Select Your Annuity Savings Account (ASA) Payment Method – Required

If you have previously withdrawn your ASA skip to STEP 8. How you choose to take a distribution from your Annuity Savings Account can have significant tax consequences. A Special Tax Notice has been included in this packet. You may also want to seek professional tax advice prior to making distribution decisions. **If you choose to take a rollover distribution of your ASA and do not complete the rollover by the 60th day following the day on which you receive the distribution, your distribution may be subject to taxes and/or penalties unless you qualify for a waiver. Consult your tax advisor for waiver qualifications.**

You must mark one of the choices listed below:

☐ **Combine ASA with Lifetime Pension Benefit**
I choose to receive, as part of my monthly benefit, the total amount of my Annuity Savings Account. I understand that this monthly payment will continue for my lifetime and that I will not receive any other distribution from my Annuity Savings Account.

☐ **Withdraw 1986 Tax Basis (Non-taxable) Portion of ASA and Combine Taxable Portion with Pension Benefit**
I choose to receive a distribution of the non-taxable portion of my Annuity Savings Account distribution as indicated below and then receive the balance of the account as a part of my monthly payment. For the non-taxable portion, select only **one** distribution choice from the following:

- ☐ A. Direct Rollover _____
Name of Eligible 401(a), 403(b) or governmental 457(b) Retirement Plan, or Traditional or Roth IRA.
- ☐ B. Paid directly to me
- ☐ C. Partial Rollover in the amount of _____% balance (less withholding) paid to me.

Name of Eligible 401(a), 403(b) or governmental 457(b) Retirement Plan, or Traditional or Roth IRA.

☐ **Withdraw Entire ASA**
Select one box for the "Taxable Portion" and, if it applies to you, one box for the "1986 Tax Basis Portion".

I choose a complete distribution of my Annuity Savings Account as follows:

1. Taxable Portion (Check only **one.)**

- ☐ A. Direct Rollover _____
Name of Eligible 401(a), 403(b) or governmental 457(b) Retirement Plan, or Traditional or Roth IRA.
- ☐ B. Paid directly to me
- ☐ C. Partial Rollover in the amount of _____% balance (less withholding) paid to me.

Name of Eligible 401(a), 403(b) or governmental 457(b) Retirement Plan, or Traditional or Roth IRA.

2. 1986 Tax Basis (Non-taxable) Portion (Check only **one.)**

- ☐ A. Direct Rollover _____
Name of Eligible 401(a), 403(b) or governmental 457(b) Retirement Plan, or Traditional or Roth IRA.
- ☐ B. Paid directly to me
- ☐ C. Partial Rollover in the amount of _____% balance (less withholding) paid to me.

Name of Eligible 401(a), 403(b) or governmental 457(b) Retirement Plan, or Traditional or Roth IRA.

Member's name	Social Security number	Pension ID (PID) number
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STEP 6: Additional Annuity Savings Account (ASA) Contributions

*In some cases additional contributions may be received by PERF from your employer after your retirement application is processed. These "trailing" contributions are typically not more than \$500. Select **one** option below, should PERF receive trailing contributions for your account.*

- ☐ I elect to have the trailing contributions paid to me in a lump sum.
- ☐ I elect to have the trailing contributions rolled over to my IRA or other qualified Retirement Plan.
- ☐ I originally elected a monthly annuity and elect to have the trailing contributions annuitized into my monthly benefit.

If no selection is made, your "trailing" contributions will be paid to you in a lump sum.

STEP 7: Election for Annuity Savings Account (ASA) Tax Withholding

Only complete this section if you chose "Paid directly to me" in STEP 5. If you selected any other Annuity Savings Account choice, skip to STEP 8.

Indiana income tax withholding for Indiana citizens is optional on payments from the Fund. If you are an Indiana resident and want to have Indiana tax withheld at this time, provide a flat, whole dollar amount to be withheld on the Annuitant's Request for State and County Income Tax Withholding (State Form 37365) Form WH-4P.

Indiana residents: Check Box 1 below if you are an Indiana resident and would like to have Indiana income tax withheld from the taxable portion of your distribution. Your decision not to have Indiana income tax withheld from your distribution does not relieve you from paying such tax.

*Non-residents: Check Box 2 if you are not a resident of Indiana. PERF does **not** withhold state income tax for individuals living outside of Indiana at the time of distribution. Non-residents should consult an attorney or professional tax advisor to determine whether state tax applies to their situation.*

You should consult the IRS or a professional tax advisor if you need further information about the taxes on your payments.

NOTE: You must also have state income tax withheld to elect county income tax withholding.

- ☐ Box 1: I am an Indiana resident and would like to have Indiana state and county income tax withheld from the taxable portion of my distribution in the amount listed on the Indiana state tax form, Annuitant's Request for State and County Income Tax Withholding (State Form 37365) Form WH-4P.
- ☐ Box 2: I am not a resident of Indiana.
- ☐ Box 3: I am a resident of Indiana and I do not want Indiana income tax withheld from my distribution.

Member's name	Social Security number	Pension ID (PID) number
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STEP 8: Have Your Application Notarized – Required

You must sign this section in front of a Notary Public and then the Notary Public must sign, date, and seal it.

I have carefully read the form and understand it, and I have read all of the information included with the application.

I understand that if I have elected to annuitize my Annuity Savings Account (ASA), not more than 30 days prior to processing my Retirement Application, PERF will place my ASA balance into a fixed value account set at the same rate as the Guaranteed Fund in order to process my application.

All of the information I have provided and the questions I have answered are full, complete, and true, and no material fact has been concealed or omitted. The direct deposit information is accurate.

I further verify that I understand that I am not allowed, by law, to enter a PERF-covered position with any employer within 30 days of my retirement date. In addition, I am not continuing uninterrupted employment in any capacity (full or part-time) in a PERF-covered or non-covered position in any department of my current employer, nor do I have a formal or informal agreement to become re-employed in a PERF-covered position.

I understand that after this application is processed, I cannot change the selections I have made, except in very limited circumstances.

Member's signature	Member's printed name	Date (mm/dd/yyyy)
--------------------	-----------------------	-------------------

State of _____

SS:

SEAL

County of _____

Before me the undersigned, a Notary Public for _____ County, State of _____, personally
Officer's county of residence Officer's state of residence

appeared _____ and he/she, being first duly sworn by me upon his/her oath, say that
Name of person
the facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 20_____.

Notary's signature

My commission expires: _____

Name of notary (printed or typed)

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

Your Rollover Options for Payments

Provided with the RMD RETIREMENT APPLICATION (PERF)
State Form 53709

You are receiving this notice because all or a portion of a payment you are receiving from the Plan is eligible to be rolled over to an IRA or an eligible employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most payments from a plan are described in the GENERAL INFORMATION ABOUT ROLLOVERS section. Special rules that only apply in certain circumstances are described in the SPECIAL RULES AND OPTIONS section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10 percent additional income tax on early distributions (unless an exception applies). However, if you do a rollover of your plan distribution to other than a Roth IRA, you will not have to pay tax until you receive payments later and the 10 percent additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

Where may I roll over the payment?

You may roll over the payment to either an IRA (an Individual retirement account or individual retirement annuity) or an eligible employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover of all or a part of that payment by making a deposit into an IRA or employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20 percent of the taxable portion of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20 percent withheld. If you do not roll over the entire taxable portion of the payment, the portion not rolled over will be taxed and will be subject to the 10 percent additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you want to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70½ (or after death)
- Hardship distributions
- Corrective distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)
- Cost of life insurance paid by the Plan

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10 percent additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax for early distributions on any taxable portion of the payment from the Plan (including amounts withheld for income tax) that you do not rollover, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments from a governmental defined benefit pension plan made after you separate from service if you are a public safety employee and you are at least age 50 in the year of the separation
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Cost of life insurance paid by the Plan
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

Your Rollover Options for Payments

Provided with the RMD RETIREMENT APPLICATION (PERF)
State Form 53709

- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001, for more than 179 days

If I do a rollover to an IRA, will the 10 percent additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10 percent additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments made after separation from service in a year in which you are at least age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer maybe made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If your payment includes after tax contributions

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is generally included in the payment. If you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs).

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

If you have an outstanding loan that is being offset

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset and will be taxed (including the 10 percent additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936, and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long term care Insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

If you roll over your payment to a Roth IRA

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10 percent additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover). For payments from the Plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after our death or

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

Your Rollover Options for Payments

Provided with the RMD RETIREMENT APPLICATION (PERF)
State Form 53709

disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

If you are not a plan participant

Payments after death of the participant. If you receive a distribution after a participant's death and you do not do a rollover, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions will not apply. In addition, the special rules for public safety officers do not apply. The special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10 percent additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10 percent additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of a participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of a participant and you receive a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant could have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10 percent additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20 percent, the Plan is generally required to withhold 30 percent of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens; and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

FOR MORE INFORMATION

You may want to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.

Retirement Application Checklist

This checklist outlines the steps for completing and submitting the PERF RMD Retirement Application and associated documents.

Once you check-off each item, you will have completed your RMD Retirement Application.

NOTE: Additional documents may be requested or required to process and finalize your retirement. This is a checklist to help you complete the RMD Retirement Application. Once you have reviewed the details of the instructions and begin the retirement process, this checklist will help you to complete all relevant steps and processes. If you have any questions, call customer service at (888) 526-1687. Hours of operation are 8 a.m. to 8 p.m., Monday through Friday. This agency is closed on weekends and holidays, including all State-designated holidays.

This completed form may be delivered to the lobby of the Indiana Public Employees' Retirement Fund at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.

Your Retirement Application **cannot be finalized** until all required steps are completed and all required documents returned to PERF for processing.

- ☐ **Obtain a PERF RMD Retirement Application package** and schedule a personal, one-on-one counseling appointment with a PERF representative. The RMD Retirement Application package is available from the PERF Web site located at www.perf.in.gov or by calling customer service.
- ☐ **STEP 1: Member Information** – Fill in all requested information, including personal data, retirement date, last day worked, and the series of Yes/No questions.
- ☐ **STEP 2: Select Your Pension Option** – Select **one** pension option. If you intend to name a beneficiary who is **not** your spouse, is more than 10 years younger than you, and you select Option 30 or 40, contact PERF to verify your eligibility for one of these options.
- ☐ **STEP 3: Option 30, 40, or 50 – Beneficiary** – If you choose pension option 30, 40, or 50, list a beneficiary. Be sure to include a copy of a birth certificate or another eligible document for your beneficiary. If you chose pension option 10, 20, 61, or 71, skip STEP 3 and go to STEP 4.
- ☐ **STEP 4: Option 10, 20, or 71 – Primary Beneficiary/Contingent Beneficiary** – If you choose pension option 10, 20, or 71, list your beneficiaries, show them as either a Primary Beneficiary or a Contingent Beneficiary, and include a percent of benefit for each. If you choose pension option 30, 40, or 50, skip this step.

NOTE: If you choose Option 20 (Benefit with No Guarantee) and also select "Withdraw Entire ASA," you do not need to list any beneficiaries because there will be no survivor benefits after you die.
- ☐ **STEP 5: Select Your Annuity Savings Account (ASA) Payment Method** – Select how you want to receive your Annuity Savings Account funds. If you have previously withdrawn your ASA, skip to STEP 9. If you decide to withdraw any portion of your ASA, you must select how you want it distributed. A Special Tax Notice is included with the RMD Retirement Application. You may also want to seek professional tax advice prior to making distribution decisions.
- ☐ **STEP 6: Additional Annuity Savings Account (ASA) Contributions** – Select one option for distribution of any trailing contributions to your ASA. If no selection is made, your "trailing" contributions will be paid to you in a lump sum.
- ☐ **STEP 7: Name Your Annuity Savings Account (ASA) Primary Beneficiary/Contingent Beneficiary** - If you choose "Elect Not to Receive Any ASA Distribution at this Time" in STEP 5, you may use the same beneficiary for your ASA and pension benefit. If you do not want the same beneficiary designation, list your beneficiaries as either a Primary Beneficiary or a Contingent Beneficiary, and include a percent of benefit for each. If you do not choose "Elect Not to Receive Any ASA Distribution at this Time", skip to STEP 8. Failure to designate deceased beneficiaries' amount will result in the default provision listed in 35 IAC 1.2-5-13.
- ☐ **STEP 8: Election for Annuity Savings Account (ASA) Tax Withholding** – If you choose "Paid directly to me" in STEP 5, select the option that best describes your situation. The *Annuitant's Request for State and County Income Tax Withholding* (State Form 37365) Form WH-4P is included in the PERF RMD Retirement Application package and is available from the PERF Web site located at www.perf.in.gov.

- ☐ **STEP 9: Have Your Application Notarized** - You must sign this section in front of a Notary Public and then the Notary Public must sign, date, and seal it. If your RMD Retirement Application is not notarized it will not be processed.
- ☐ **Complete the *Annuitant's Request for State and County Income Tax Withholding (State Form 37365) Form WH-4P*** for Indiana state and county income tax withholdings. If you are an Indiana resident, you must complete this form regardless of whether state and county tax are being withheld. There are two versions of this form available in the PERF RMD Retirement Application package. They are each watermarked for their specific use.
- ☐ **Complete the *Withholding Certificate for Pension or Annuity Payments (Form W-4P)*** and submit it with your RMD Retirement Application. There are two versions of this form available in the PERF RMD Retirement Application package. They are each watermarked for their specific use.
- ☐ **Complete the *Application for Direct Deposit of Recurring Payment (State Form 39175)*** and submit it with your RMD Retirement Application. This form is included in the PERF RMD Retirement Application package.
- ☐ **Complete the *Rollover Savings Account Application for Distribution with Disability or Retirement Benefits (State Form 51927)*** and submit it with your RMD Retirement Application if you have a Rollover Savings Account (RSA) with PERF. This form is included in the PERF RMD Retirement Application package.

Documents that you must include with your PERF RMD Retirement Application:

- ☐ A photocopy of your birth certificate or other eligible proof of age for yourself.
- ☐ If you choose pension option 30, 40, or 50 in STEP 2, provide a photocopy of a birth certificate or other eligible document (baptismal certificate, confirmation certificate or court decree (see *IAC 1.2-5-17* for a complete list) for your beneficiary.

NOTE: Attach an English translation to any foreign language document.

Additional information that may apply to you:

- ☐ If you are 70 with at least 20 years of service and want to begin your benefits while still employer, you should complete and submit the *Election to Begin Receiving Benefits (For members age 70 with 20 years of service)* (State Form 49285). This form is available from the PERF Web site located at www.perf.in.gov.
- ☐ If you are an elected official, age 55 with at least 20 years of service and want to begin your benefits while still in office, you should complete and submit the *Election to Begin Receiving Benefits (For elected officials age 55 with 20 years of service)* (State Form 49287). This form is available from the PERF Web site located at www.perf.in.gov.
- ☐ If you choose pension option 61, you will need to complete and submit the *Notice to Members Considering the Social Security Integration Pension Option 61* (State Form 49282). This form is available from the PERF Web site located at www.perf.in.gov.

You do not need to return the entire PERF RMD Retirement Application package. Submit the following:

- ☐ *RMD Retirement Application* (State Form 53709) – required
- ☐ *Annuitant's Request for State and County Income Tax Withholding* (State Form 37365) Form WH-4P – ASA Only and/or Pension Only watermarked versions
- ☐ *Withholding Certificate for Pension or Annuity Payments* (Form W-4P) – ASA Only and/or Pension Only watermarked versions
- ☐ *Application for Direct Deposit of Recurring Payment* (State Form 39175) – required
- ☐ *Rollover Savings Account Application for Distribution with Disability or Retirement Benefits* (State Form 51927) – if applicable
- ☐ *Election to Begin Receiving Benefits (For members age 70 with 20 years of service)* (State Form 49285) – if applicable
- ☐ *Election to Begin Receiving Benefits (For elected officials age 55 with 20 years of service)* (State Form 49287) – if applicable
- ☐ *Notice to Members Considering the Social Security Integration Pension Option 61* (State Form 49282) – if applicable
- ☐ Photocopy of your birth certificate or other eligible proof of your age – required
- ☐ Photocopy of beneficiary birth certificate or other eligible document – required, if applicable
- ☐ English translation of any foreign language document – required, if applicable

These completed forms may be delivered to the lobby of the Indiana Public Employees' Retirement Fund at the address indicated on the PERF RMD Retirement Application. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.

**Withholding Certificate for
Pension or Annuity Payments**

OMB No. 1545-0074

2011

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions, or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on

pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2011.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose* above), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • You are single and have only one pension; or • You are married, have only one pension, and your spouse has no income subject to withholding; or • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. </div>	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return	E _____
F	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children	F _____
G	Add lines A through F and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	G _____
<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 10px; margin-right: 10px;"> For accuracy, complete all worksheets that apply. </div> <div> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one source of income subject to withholding or a spouse with income subject to withholding and your combined income from all sources exceeds \$40,000 (\$10,000 if married), see the Multiple Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line G on line 2 of Form W-4P below. </div> </div>		

----- Cut here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

**Withholding Certificate for
Pension or Annuity Payments**

OMB No. 1545-0074

2011

► For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Type or print your first name and middle initial.	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) ►	<input type="checkbox"/>
2 Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ►	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher "Single" rate	(Enter number of allowances.)
3 Additional amount, if any, you want withheld from each pension or annuity payment. (Note. For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ►	\$

Your signature ►

Date ►

**Withholding Certificate for
Pension or Annuity Payments**

OMB No. 1545-0074

2011

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions, or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on

pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2011.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose* above), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____					
B	Enter "1" if: <table border="0"><tr><td>• You are single and have only one pension; or</td><td rowspan="3">}</td><td rowspan="3">B _____</td></tr><tr><td>• You are married, have only one pension, and your spouse has no income subject to withholding; or</td></tr><tr><td>• Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less.</td></tr></table>	• You are single and have only one pension; or	}	B _____	• You are married, have only one pension, and your spouse has no income subject to withholding; or	• Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less.	
• You are single and have only one pension; or	}	B _____					
• You are married, have only one pension, and your spouse has no income subject to withholding; or							
• Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less.							
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____					
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____					
E	Enter "1" if you will file as head of household on your tax return	E _____					
F	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children	F _____					
G	Add lines A through F and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	G _____					
For accuracy, complete all worksheets that apply.	<table border="0"><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td><td rowspan="3">}</td><td rowspan="3">G _____</td></tr><tr><td>• If you have more than one source of income subject to withholding and your combined income from all sources exceeds \$40,000 (\$10,000 if married), see the Multiple Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line G on line 2 of Form W-4P below.</td></tr></table>	• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	}	G _____	• If you have more than one source of income subject to withholding and your combined income from all sources exceeds \$40,000 (\$10,000 if married), see the Multiple Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line G on line 2 of Form W-4P below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	}	G _____					
• If you have more than one source of income subject to withholding and your combined income from all sources exceeds \$40,000 (\$10,000 if married), see the Multiple Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too little tax withheld.							
• If neither of the above situations applies, stop here and enter the number from line G on line 2 of Form W-4P below.							

----- Cut here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

**Withholding Certificate for
Pension or Annuity Payments**

► For Privacy Act and Paperwork Reduction Act Notice, see page 4.

OMB No. 1545-0074

2011

Type or print your first name and middle initial.	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1	Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) ► <input type="checkbox"/>	
2	Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ►	
	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher "Single" rate	(Enter number of allowances.)
3	Additional amount, if any, you want withheld from each pension or annuity payment. (Note. For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ►	\$

Your signature ►

Date ►

Deductions and Adjustments Worksheet**Note.** Use this worksheet **only** if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2 Enter: { \$11,600 if married filing jointly or qualifying widow(er)
\$ 8,500 if head of household
\$ 5,800 if single or married filing separately } **2** \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4 Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any credit amounts from the *Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet* in Pub. 919.) **5** \$ _____
- 6 Enter an estimate of your 2011 income not subject to withholding (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____
- 8 **Divide** the amount on line 7 by \$3,700 and enter the result here. Drop any fraction **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line G, page 1 **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1 **10** _____

Multiple Pensions/More-Than-One-Income Worksheet**Note.** Complete only if the instructions under line G, page 1, direct you here. This applies if you (and your spouse if married filing a joint return) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from line G, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying pension or job and enter it here. **However**, if you are married filing jointly and the amount from the highest paying pension or job is \$65,000 or less, do not enter more than “3.” **2** _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is **less than** line 2, enter “-0-” on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet **4** _____
- 5 Enter the number from line 1 of this worksheet **5** _____
- 6 **Subtract** line 5 from line 4 **6** _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying pension or job and enter it here **7** \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9 **Divide** line 8 by the number of pay periods remaining in 2011. For example, divide by 12 if you are paid every month and you complete this form in December 2010. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment **9** \$ _____

Table 1**Table 2**

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—		Enter on line 2 above		If wages from LOWEST paying job are—		Enter on line 2 above	
\$0 - \$5,000		0		\$0 - \$8,000		0	
5,001 - 12,000		1		8,001 - 15,000		1	
12,001 - 22,000		2		15,001 - 25,000		2	
22,001 - 25,000		3		25,001 - 30,000		3	
25,001 - 30,000		4		30,001 - 40,000		4	
30,001 - 40,000		5		40,001 - 50,000		5	
40,001 - 48,000		6		50,001 - 65,000		6	
48,001 - 55,000		7		65,001 - 80,000		7	
55,001 - 65,000		8		80,001 - 95,000		8	
65,001 - 72,000		9		95,001 - 120,000		9	
72,001 - 85,000		10		120,001 and over		10	
85,001 - 97,000		11					
97,001 - 110,000		12					
110,001 - 120,000		13					
120,001 - 135,000		14					
135,001 and over		15					

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—		Enter on line 7 above	
\$0 - \$65,000		\$560	
65,001 - 125,000		930	
125,001 - 185,000		1,040	
185,001 - 335,000		1,220	
335,001 and over		1,300	

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—		Enter on line 7 above	
\$0 - \$35,000		\$560	
35,001 - 90,000		930	
90,001 - 165,000		1,040	
165,001 - 370,000		1,220	
370,001 and over		1,300	

Additional Instructions

Section references are to the Internal Revenue Code.

When should I complete the form? Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 919, *How Do I Adjust My Tax Withholding*, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2011. You also may use the IRS Withholding Calculator on the IRS website at www.irs.gov/individuals for help in determining how many withholding allowances to claim on your Form W-4P.

Multiple pensions/more than one income. To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, *Estimated Tax for Individuals*. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and Pub. 505, *Tax Withholding and Estimated Tax*. You also can get forms and publications at IRS.gov.

If you have income from wages, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note. Social security and railroad retirement payments may be includible in income. See Form W-4V, *Voluntary Withholding Request*, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive, (b) whether the payments are delivered outside the United States or its commonwealths and possessions, and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 4 for special withholding rules that apply to payments outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* on page 4.

Caution. There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments Outside the United States* on page 4.

Caution. If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,600 a month.

If you submit a Form W-4P that does not contain your correct taxpayer identification number (TIN), the payer must withhold as if you are single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you cannot use Form W-4P because they are already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans described in section 457 of tax-exempt organizations. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from nonperiodic payments (but see *Eligible rollover distribution—20% withholding* on page 4) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct TIN) to your payer and checking the box on line 1. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You cannot use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution. If you submit a Form W-4P that does not contain your correct TIN, the payer cannot honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) pension plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. Do not give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P and submit the form to your payer.

Note. The payer will not withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA, or another eligible retirement plan (if allowed by the plan) such as a qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying “hardship” distributions are **not** “eligible rollover distributions” and are not subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 3.

Changing Your “No Withholding” Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the rate set by law (married with three allowances), write “Revoked” next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write “Revoked” next to the checkbox on line 1 and submit Form W-4P to your payer.

Payments to Foreign Persons and Payments Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's TIN.

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you are a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status, (b) request additional federal income tax withholding from your pension or annuity, (c) choose not to have federal income tax withheld, when permitted, or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Form **WH-4P**
State Form 37365
(R2 / 8-08)

State of Indiana
Annuitant's Request
for State and County Income Tax Withholding
(Please Type or Print Clearly)

Full Name _____

Social Security Number

Home Address (number and street) _____

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City, State, and Zip code _____

- A. Annuity contract claim or identification number..... A. _____
- B. Enter the amount of Indiana state tax to be withheld from each annuity or pension payment..... B. \$ _____
- C. Enter your 2-digit county code

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 and the amount of county tax to be withheld from each annuity or pension payment..... C. \$ _____
- D. Total amount withheld: add line B plus line C (must be \$10 or more) D. \$ _____

I request voluntary income tax withholding from my annuity or pension payments.

Signature of Annuitant

Date



Form **WH-4P**
State Form 37365
(R2 / 8-08)

State of Indiana
Annuitant's Request
for State and County Income Tax Withholding
(Please Type or Print Clearly)

Full Name _____

Social Security Number

Home Address (number and street) _____

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City, State, and Zip code _____

- A. Annuity contract claim or identification number..... A. _____
- B. Enter the amount of Indiana state tax to be withheld from each annuity or pension payment..... B. \$ _____
- C. Enter your 2-digit county code

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 and the amount of county tax to be withheld from each annuity or pension payment..... C. \$ _____
- D. Total amount withheld: add line B plus line C (must be \$10 or more) D. \$ _____

I request voluntary income tax withholding from my annuity or pension payments.

Signature of Annuitant

Date

You may select any amount over \$10.00 to be withheld from your annuity or pension payment. This withholding will be reported to you on a W-2P at the end of each year as Indiana State and County Tax Withheld. Beginning January 1, 2009 an annuitant can request the payor of an annuity or pension to withhold a portion of their pension or annuity to offset their county tax liability under IC 6-3.5.

- A. Enter the Contract, Policy, or Account Number to which the request applies.
- B. Enter an amount of state tax that you wish to have withheld from each check.
- C. Enter your 2-digit county code and the amount of county tax to be withheld from each annuity or pension payment
- D. Total amount withheld: add line B plus line C (must be \$10 or more)

Send this form to the person or company paying your pension. **Do not** send this to the Department of Revenue.



**APPLICATION FOR DIRECT DEPOSIT OF
RECURRING PAYMENT**
State Form 39175 (R11 / 5-11)

Submit for change of direct deposit to:
INDIANA PUBLIC EMPLOYEES' RETIREMENT FUND
P.O. Box 7121
Indianapolis, Indiana 46207-7121
Telephone: (888) 526-1687 (Toll-free)
Fax: (800) 386-5127 (Toll-free)
Web: www.perf.in.gov

* This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this application cannot be processed without it.

INSTRUCTIONS

** If you receive multiple benefit payments and elect to have all Fund accounts electronically deposited, a separate *Application for Direct Deposit of Recurring Payment* (State Form 39175) must be completed for each payment.

Direct deposit is the preferred method for receiving monthly benefits.

1. This application may be completed online or by logging on to My Plan on the PERF Website located at www.perf.in.gov.
2. Type or print using black ink.
3. If this form is being completed by a court-appointed guardian or power of attorney, the appropriate forms must already be on file with PERF or must be included with this application.

STEP 1 – PAYEE INFORMATION

Payee's name		Social Security number*		Pension ID (PID) number	
Address		City		State	ZIP Code
Telephone number with area code	Other telephone number with area code		E-mail address		
Name of most recent PERF employer			Last day worked, if known (mm/dd/yyyy)		
Do you receive more than one monthly benefit from PERF?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, do you want to have all Fund accounts electronically deposited?**				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Select the appropriate Fund(s):					
<input type="checkbox"/> 1977 Police and Firefighters' Fund		<input type="checkbox"/> Conservation/Excise/Gaming Officers' Plan		<input type="checkbox"/> Judges' Benefit System	
<input type="checkbox"/> Legislators' Retirement System		<input type="checkbox"/> Prosecuting Attorneys'		<input type="checkbox"/> Public Employees' Retirement Fund	
By signing this application, I agree to adhere to the terms listed in Article A included on this application.					
Signature of payee, court-appointed guardian, or power of attorney				Date (mm/dd/yyyy)	

STEP 2 – ACCOUNT INFORMATION

Routing number (ABA number)				Account number			
Type of account <input type="checkbox"/> Savings <input type="checkbox"/> Checking				List all names on the account			
Financial institution							
Address				Telephone number with area code			
City				State		ZIP Code	

Article A: By signing this form, I (payee) authorize and request the Fund to direct the net amount of such recurring payments to my account at the financial organization (Bank) designated above and I authorize said Bank to accept and to credit the payments to my account. I acknowledge that the transfer of the payments by the Fund to the Bank satisfies and discharges the obligation of the Fund to me. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I will comply with the Bank's procedures providing safeguards against withdrawals of deposits after my death. If any deposits are made after my death to which I am not entitled, I hereby authorize and direct the Bank on behalf of my estate to refund said deposits to the Fund and to charge same to my account. I understand that the Bank and the Fund reserve the right to cancel this agreement by notice to me; and this authorization will remain in effect with the Fund until canceled by written notice from me.

**INSTRUCTIONS FOR COMPLETING
APPLICATION FOR DIRECT DEPOSIT OF RECURRING PAYMENT**

State Form 39175

IMPORTANT

****** If you receive multiple benefit payments and elect to have all Fund accounts electronically deposited, a separate *Application for Direct Deposit of Recurring Payment* (State Form 39175) must be completed for each payment.

Direct deposit is the preferred method for receiving monthly benefits.

1. This application may be completed online or by logging in to My Plan on the PERF Web site located at www.perf.in.gov.
2. Type or print using black ink.
3. If this form is being completed by a court-appointed guardian or power of attorney, the appropriate forms must already be on file with PERF or must be included with this application.
4. Remove the instruction pages included with this application prior to returning the completed application to PERF.
5. Return the completed application directly to PERF at the address shown on this form. Do not return the instruction pages.

Entry field	Field description
STEP 1: PAYEE INFORMATION	
Payee's name	Enter the complete name of the payee.
Social Security number	Enter the payee's Social Security number.
Pension ID (PID) number	Enter the payee's PID number.
Address	Enter the street address and/or mailing address of the payee.
Home telephone number/Other telephone number	Enter telephone numbers including area codes for the payee.
E-mail address	Enter the payee's e-mail address, if applicable.
Name of most recent PERF employer	Enter the name of the payee's most recent PERF employer, if applicable.
Last day worked	Enter the last day worked for the payee, if known and if applicable; format = mm/dd/yyyy.
Do you receive more than one monthly benefit from PERF?	Select Yes or No . If Yes is selected you must answer the next question.
If yes, do you want to have all Fund accounts electronically deposited?	Select Yes or No . If you receive multiple benefit payments and elect to have all Fund accounts electronically deposited, a separate <i>Application for Direct Deposit of Recurring Payment</i> (State Form 39175) must be completed for each payment.
Select the appropriate Fund(s)	Check the appropriate boxes.
Signature of payee, court-appointed guardian, or power of attorney	Signature of payee, court-appointed guardian, or power of attorney. In the case of the court-appointed guardian or power of attorney the format is <court-appointed guardian or power of attorney> for <payee's name>.
Date	The application must be signed and dated; format = mm/dd/yyyy.
STEP 2: ACCOUNT INFORMATION	
Routing number	This is also known as the ABA number and is the first set of nine digits beginning at the left at the bottom of the check or deposit slip. See diagram for actual placement of this number.
Account number	This is the second set of digits from the left at the bottom of the check or deposit slip. See diagram for actual placement of this number.
Type of account	Choose Savings or Checking .
List all names on the account	List the names of everyone that has permission to use the account and are on file with the financial institution as such.
Financial institution	Enter the name of the financial institution (bank, credit union, savings, etc.).
Address	Enter the street address of the financial institution.
City, State, ZIP Code	Enter the city, state, and ZIP Code of the financial institution.
Telephone number	Enter the financial institution's telephone number with area code.



Return the completed application with all signatures and required documents and translations to the PERF address shown at the top of the application.

**INSTRUCTIONS FOR COMPLETING
APPLICATION FOR DIRECT DEPOSIT OF RECURRING PAYMENT**
State Form 39175

This completed application may be delivered to the lobby of the Indiana Public Employees' Retirement Fund at 1 North Capitol Avenue, Suite 001, Indianapolis, IN 46204. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.

CHANGES TO INFORMATION: If you have any changes to the information on the form such as name or address, contact customer service at (888) 526-1687. Hours of operation are 8 a.m. to 8 p.m., Monday through Friday. The agency is closed on weekends and holidays, including all State-designated holidays. This ensures that you receive important information about benefits and taxes.

HELPFUL INFORMATION			
	PERF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(888) 526-1687 (Toll-free)	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(800) 386-5127 Fax (Toll-free)	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.perf.in.gov	www.irs.gov	www.in.gov/dor



**ROLLOVER SAVINGS ACCOUNT
APPLICATION FOR DISTRIBUTION WITH
DISABILITY OR RETIREMENT BENEFITS**

State Form 51927 (R2 / 5-11)

Approved by State Board of Accounts, 2011

INDIANA PUBLIC EMPLOYEES' RETIREMENT FUND

1 North Capitol Avenue, Suite 001
Indianapolis, Indiana 46204-2014
Telephone: (888) 526-1687 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@perf.in.gov
Web site: www.perf.in.gov

INSTRUCTIONS

1. Type or print using black ink.
2. Complete all requested information.
3. Print your name, Social Security number, and Pension ID number at the top of each page in the space provided.
4. This application must be notarized. A Notary Public must complete STEP 4.
5. This application cannot be finalized **unless** all required steps are completed and this application is returned to PERF.
6. Return this completed application and all required documents directly to PERF.
7. **Do not** return the INSTRUCTIONS FOR COMPLETING the form or the SPECIAL TAX NOTICE.

MEMBER INFORMATION

Member's name		Social Security number* (last 4 digits)	Pension ID (PID) number
Address			Date of application (mm/dd/yyyy)
City		State	ZIP Code
Telephone number with area code	Other telephone number with area code	E-mail address	

ELECTION FOR YOUR ROLLOVER SAVINGS ACCOUNT PAYMENT

Select **only one** of the following payment options:

<input type="checkbox"/> Payment Option 1	I elect to receive the total amount of my Rollover Savings Account (RSA) as a part of my monthly benefit. I understand that I will not receive any other distribution from my RSA other than this monthly payment.
<input type="checkbox"/> Payment Option 2	I elect a complete distribution of my Rollover Savings Account (RSA) as follows:

For Payment Option 2, select **only one** of the following:

<input type="checkbox"/> Direct rollover	<input type="checkbox"/> Paid directly to me (less withholding)	<input type="checkbox"/> Partial rollover in the amount of _____%, balance (less withholding) paid to me.
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Name of eligible 401(a), 403(b), or governmental 457(b) retirement plan or eligible IRA (complete only if you select a rollover payment option). (This must be the complete name of the eligible plan or eligible IRA as reported by the trustee to the Internal Revenue Service.)

NOTE: Unless you qualify for a waiver, if you do not complete the rollover process by the 60th day following the day on which you receive the distribution, your distribution may be subject to taxes and/or penalties.

MEMBER AFFIDAVIT

You must sign this section in front of a Notary Public and then the Notary Public must sign, date and seal it in STEP 4.

I hereby submit this application for distribution with disability or retirement benefits from the Public Employees' Retirement Fund and say under oath that:

- I am the person who completed this application.
- I have carefully read the application and understand the same, and that I have read all of the information I have been provided with this application, including all instructions and supplemental documents.
- I have provided all of the information requested, and answered all questions fully and truthfully, and that I have not concealed or omitted any material fact(s).
- I understand that once I elect payment of my Rollover Savings Account, my choice of payment option cannot be changed after this application is processed by PERF. By signing below, I acknowledge that I have read and understand this statement.
- I understand that after this application is processed, I cannot change the selections I have made.

Member's signature	Date (mm/dd/yyyy)
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ROLLOVER SAVINGS ACCOUNT APPLICATION FOR DISTRIBUTION WITH DISABILITY OR RETIREMENT BENEFITS

State Form 51927

Member's name	Social Security number* (<i>last 4 digits</i>)	Pension ID (PID) number
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NOTARY PUBLIC CERTIFICATION

State of _____

SS:

SEAL

County of _____

Before me the undersigned, a Notary Public for _____ County, State of _____, personally
Officer's county of residence Officer's state of residence

appeared _____ and he/she, being first duly sworn by me upon his/her oath, say that the
Name of person

facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 20_____.

Signature

My commission expires: _____

Name of officer (*printed or typed*)

This completed application may be delivered to the lobby of the Indiana Public Employees' Retirement Fund at the address indicated on the application. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.

INSTRUCTIONS FOR COMPLETING**ROLLOVER SAVINGS ACCOUNT APPLICATION FOR DISTRIBUTION WITH DISABILITY OR RETIREMENT BENEFITS**

State Form 51927

IMPORTANT

1. Type or print using black ink.
2. Complete all requested information.
3. Print your name, Social Security number, and Pension ID number at the top of each page in the space provided.
4. This application must be notarized. A Notary Public must complete the NOTARY PUBLIC CERTIFICATION section of this form.
5. This application cannot be finalized **unless** all required steps are completed and this application is returned to PERF.
6. Return this completed application and all required documents directly to PERF.
7. **Do not** return the INSTRUCTIONS FOR COMPLETING the form or the SPECIAL TAX NOTICE.

IMPORTANT NOTICE

If you want to elect a distribution of your Rollover Savings Account at the time you start to receive your retirement or disability retirement benefit payments, this *Rollover Savings Account Application for Distribution with Disability or Retirement Benefits* (State Form 51927) must be submitted with your Retirement Application or Disability Benefit Application. Failure to do so could result in a delay in the distribution of your RSA.

Entry field	Field description
MEMBER INFORMATION	
Member's name	Enter the complete name of the member.
Social Security number	Enter the nine-digit Social Security number of the member.
Pension ID (PID) number	Enter the member's Pension ID number
Date of application	Enter the date of the application; format = mm/dd/yyyy.
Address	Enter the street address and/or mailing address of the member.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the member.
E-mail address	Enter the member's e-mail address, if applicable.
ELECTION FOR YOUR ROLLOVER SAVINGS ACCOUNT PAYMENT	
<p>You have several options with respect to how your Rollover Savings Account (RSA) will be paid out to you.</p> <p>If you elect to withdraw your RSA now, you have several payment options. You may select only one of these options. You may not change your choice of payment option after the Retirement Application is received by PERF.</p> <p>If you check more than one Payment Option box, your application cannot be processed and the application will be returned to you for correction.</p>	
Complete the following information on as described:	
Payment Option 1	You may elect to receive as a part of your monthly benefit the total amount of your RSA. If you choose this option, you will not receive any other distribution from your RSA other than your monthly benefit payment.
Payment Option 2	You may elect a complete distribution of your RSA. You may select only one payment election.
Direct rollover	You may elect to have ALL of your RSA paid in the form of a direct rollover to an eligible retirement account, which may include a 401(a), 403(b), or governmental 457(b) plan, or eligible IRA which has provisions allowing it to accept the rollover on your behalf. This option defers any taxes owed on your RSA balance.
Paid directly to you	You may elect to have the total amount of the taxable portion of your RSA (less the mandatory withholding for federal income tax) paid directly to you.
Partial rollover	You may select this option if you want only a partial rollover of your RSA into an eligible retirement account, which may include 401(a), 403(b), or governmental 457(b) plan, or eligible IRA which has provisions allowing it to accept the rollover on your behalf. The amount you specify will be paid in the form of a direct rollover to the plan. The remainder of the taxable portion of your RSA which is not directly rolled over (less the mandatory withholding for federal income tax) will be paid directly to you. If you select this option, you must enter the percentage of the partial rollover in the space provided on the form.
Rollover information	If you have selected to rollover all or part of your funds to an eligible retirement account, which may include a 401(a), 403(b), or governmental 457(b) plan, or eligible IRA which has provisions allowing it to accept the rollover on your behalf, you will need to enter the information here so the payment may be properly completed. Unless you qualify for a waiver, if you do not complete the rollover process by the 60th day following the day on which you receive the distribution, your distribution may be subject to taxes and/or penalties.
MEMBER AFFIDAVIT	
Signature of member	The member must sign and date this section of the form.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.

ROLLOVER SAVINGS ACCOUNT APPLICATION FOR DISTRIBUTION WITH DISABILITY OR RETIREMENT BENEFITS

State Form 51927

NOTARY PUBLIC CERTIFICATION

This application must be notarized before it can be processed by PERF. Take the form to a Notary Public with an active commission. The Notary will require that you swear or affirm the truth of all the information supplied on this application. You will be required to sign and date the form in the Notary's presence. The notary must then complete the NOTARY PUBLIC CERTIFICATION section of the form and affix the Notary's seal.

Return the completed application PERF at the address indicated on the application.

This completed form may be delivered to the lobby of the Indiana Public Employees' Retirement Fund at the address indicated on the application. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.

CHANGES TO INFORMATION

You may make changes to your application prior to completion of processing. All changes must be in writing and signed by you. For more information and guidance on submitting a change, contact PERF customer service at (888) 526-1687. Hours of operation are 8 a.m. to 8 p.m., Monday through Friday. The agency is closed on weekends and holidays, including all State-designated holidays. No changes to your application can be accepted once the final audit is complete. Changes to personal information such as name or address may be submitted at any time.

HELPFUL INFORMATION

	PERF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(888) 526-1687 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(866) 591-9441 Fax (Toll-free)	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.perf.in.gov	www.irs.gov	www.in.gov/dor
	<i>PERF Member Handbook</i>	<i>IRS Publication 575, Pension and Annuity Information</i>	
	<i>PERF Annuity Savings Account Investment Handbook</i>	<i>IRS Publication 590, Individual Retirement Arrangements</i>	